

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED JAN 23 1964

Primary Registration District No.

Registrar's No.

0051118

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0990

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9 422.2

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12 70.2

13 1-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Granger</b>		c. CITY OR TOWN <b>Granger</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Charles Edwin Parrell Selby</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>30</b> Year <b>1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/25/1869</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>94</b>
11a. BIRTHPLACE (City and state or country) <b>Scotland Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Edward Selby</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet Gorby</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Belle Selby</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Gordon Evans, Granger, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Memphis Mo</b>	
20g. COUNTY <b>Scotland</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>1945</b> to <b>Nov 30 1963</b> and last saw him alive on <b>Nov 27 1963</b> Death occurred at <b>4:10 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>L. E. Lowe Jr</b>		22b. ADDRESS <b>Memphis Mo</b>	
22c. DATE SIGNED <b>1/13/64</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 2, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Black Oak Cemetery</b>	23d. LOCATION (City, town, or county) <b>Scotland County, Missouri</b>
24. FUNERAL DIRECTOR <b>GERTH &amp; BASKETT</b>		25. DATE RECD. BY LOCAL REG. <b>1-20-64</b>	
26. REGISTRAR'S SIGNATURE <b>Verna G. Turner</b>			

(Licensed Embalmer's Statement on Reverse Side)

111300

Embalmer

Embalmer

DATE OF

DEATH

19

at

at

City

State

County

Embalmer's License No.

or

or

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George Guth

Licensed Embalmer No. 5801

P. O. Address Memphis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Embalmer's License No. \_\_\_\_\_

Embalmer's License No. \_\_\_\_\_